

SERFF Tracking Number:	APST-125661485	State:	Arkansas
Filing Company:	AIPSO	State Tracking Number:	EFT \$25
Company Tracking Number:	AR 08-02		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Maximum Liability Limits - AR 08-02		
Project Name/Number:	/		

Filing at a Glance

Company: AIPSO

Product Name: Maximum Liability Limits - AR 08-02
SERFF Tr Num: APST-125661485 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 20.0003 Other

Co Tr Num: AR 08-02

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Christine Lindgren

Disposition Date: 05/30/2008

Date Submitted: 05/21/2008

Disposition Status: Filed

Effective Date Requested (New):

Effective Date (New): 08/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/30/2008

State Status Changed: 05/30/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please provide us with acknowledgment that you have reviewed and approve of the filed changes for the Arkansas Automobile Insurance Plan

Company and Contact

Filing Contact Information

SERFF Tracking Number:	APST-125661485	State:	Arkansas
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(This filing was made by a third party - aipso)

Christine Lindgren, Product Analyst	chris.lindgren
302 Central Avenue	(800) 827-6302 [Phone]
Johnston, RI 02919	(401) 528-1351[FAX]

Filing Company Information

AIPSO	CoCode: -99	State of Domicile: Rhode Island
302 Central Avenue	Group Code: 99	Company Type:
Johnston, RI 02919	Group Name:	State ID Number:
(401) 946-2310 ext. 1319[Phone]	FEIN Number: 13-2732270	

SERFF Tracking Number:	APST-125661485	State:	Arkansas
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIPSO	\$25.00	05/21/2008	20436988

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	05/30/2008	05/30/2008

SERFF Tracking Number: *APST-125661485*

State: *Arkansas*

Filing Company: *AIPSO*

State Tracking Number: *EFT \$25*

Company Tracking Number: *AR 08-02*

TOI: *20.0 Commercial Auto*

Sub-TOI: *20.0003 Other*

Product Name: *Maximum Liability Limits - AR 08-02*

Project Name/Number: */*

Disposition

Disposition Date: 05/30/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	APST-125661485	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes

SERFF Tracking Number: *APST-125661485*

State: *Arkansas*

Filing Company: *AIPSO*

State Tracking Number: *EFT \$25*

Company Tracking Number: *AR 08-02*

TOI: *20.0 Commercial Auto*

Sub-TOI: *20.0003 Other*

Product Name: *Maximum Liability Limits - AR 08-02*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	APST-125661485	State:	Arkansas
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Project Name/Number:	/		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	05/30/2008
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Comments:

PC TD-1

Attachment:

AR 08-02 PC TD-1.pdf

Satisfied -Name:	Cover Letter	Review Status:	Filed	05/30/2008
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Comments:

Cover Letter, Explanatory memo & Rule Exhibit

Attachment:

AR 08-02.pdf


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
AIPSO	RI		13-273270		

5. Company Tracking Number	AR 08-02
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Christine Lindgren 302 Central Ave. Johnston, RI 02919	Product Analyst	401-946-2310 x3494	401-429-1529	Chris.lindgren@aipso.com
7. Signature of authorized filer				
8. Please print name of authorized filer		E. Christine Lindgren		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Automobile			
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input checked="" type="checkbox"/> Other Plan of Operation			
14. Effective Date(s) Requested	New:	1 st Day of 3 rd Month following approval	Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR 08-02
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We propose Sec. 21.A.1.b be amended to 1) clarify that the maximum liability limits available in the Plan is \$5,000,000 combined single limit; and 2) the Plan will provide liability limits in excess of the basic limits which are required of the applicant by a financial responsibility law enacted by the U.S. Congress or state legislature or a regulation by a federal or state agency authorized to require the limits.

22. Filing Fees (Filer must provide check # and fee amount if applicable)

If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:**Amount: \$25.00 Sent via EFT**

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR 08-02
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase
 ☐ Rate Decrease
 ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
0.0%	0.0%	0.0%	0			0.0%	0.0%

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	N/A	
5b	Overall percentage rate impact for this filing	0.0%	
5c	Effect of Rate Filing – Written premium change for this program	0.0%	
5d	Effect of Rate Filing – Number of policyholders affected	0.0%	

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn? [] New	Previous state filing number, if required by state
01	Section 21. Extent of Coverage	[X] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	



May 21, 2008

Honorable Julie Benafield Bowman, Commissioner of Insurance
Department of Insurance
State of Arkansas
1200 W. Third Street
Little Rock, AR 72201-1904

**Arkansas Automobile Insurance Plan
Maximum Liability Limits
Commercial Auto
AIPSO Filing No. AR 08-02**

Dear Commissioner Bowman:

On behalf of the subscribers to AIPSO, i.e., all subscribers to the Arkansas Automobile Insurance Plan, we are filing the attached amendments at the request of the Governing Committee.

Proposed Effective Date

The first day of the third month following the date of your approval

Defining the Issue

The Plan is not clear that the maximum liability limit available is \$5,000,000 CSL.

Action Needed

We respectfully request your prompt consideration and approval of this filing.

Proposal

We propose Sec. 21.A.1.b be amended to 1) clarify that the maximum liability limits available in the Plan is \$5,000,000 combined single limit; and 2) the Plan will provide liability limits in excess of the basic limits which are required of the applicant by a financial responsibility law enacted by the U.S. Congress or state legislature or a regulation by a federal or state agency authorized to require the limits.

Impact

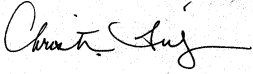
The proposal will impact applicants seeking liability limits in excess of \$5,000,000 combined single limit. We are not aware of any current applicant/insured seeking liability coverage in excess of \$5,000,000 combined single limit.

Attachments

- Explanatory Memorandum
- Exhibit A—Proposed Amendments to Section 21. Extent of Coverage

Please contact the undersigned at extension 3494 if you have any questions.

Sincerely,
Christopher A. Young, CPCU, CCP, Director

A handwritten signature in cursive script, appearing to read "Christine Lindgren".

E. Christine Lindgren
Product Analyst
Manuals and Policy Forms

Attach.

pc: Ms. Suzy Sheriff, Manager—Arkansas Automobile Insurance Plan

MAXIMUM LIABILITY LIMITS AIPSO Filing No. AR 08-02

Background

During a review of Plan provisions, it was noted that the Plan does not include a provision stating the maximum liability limit available in the Plan. To avoid any misinterpretations, Plan staff requested the Plan of Operation be amended for clarification.

Proposed Changes**Section 21. Extent of Coverage**

Paragraph A.1.b.(1) is amended to provide that limits required of the applicant by a financial responsibility law enacted by the U.S. Congress or state legislature or a regulation by a federal or state agency authorized to require the limits may be purchased by the applicant.

Paragraph A.1.b.(2) is introduced to clarify that in order to obtain limits in excess of basic limits, the basic limits must be written in the Plan.

Paragraph A.1.b.(4) is introduced to clarify that the Plan will not provide liability limits exceeding \$5,000,000 combined single limit.

ARKANSAS AUTOMOBILE INSURANCE PLAN
(Struck-out matter—deleted; Underlined matter—new)

EXHIBIT A
Page 1 of 1

Sec. 21. EXTENT OF COVERAGE

Sec. 21.A.1.b.1 is amended. New Sec. 21.A.1.b.2 and 4 are introduced. Current Sec. 21.A.1.b.3 through 5 are redesignated as 5 through 7 respectively.

A. Coverages and Limits

1. Bodily Injury, Property Damage, Medical Payments, No-Fault, and Uninsured and Underinsured Motorists Coverage

- b. An insured assigned under the Plan may, at his option, also purchase additional coverage to be written in the same policy as the liability coverages for

- (1) liability limits in excess of basic limits as required by law which are required of the applicant by a financial responsibility law enacted by the United States Congress or by the state legislature, or when required by the express provisions of any

regulation of a federal or state agency authorized by such a law to prescribed specific limits of financial responsibility;

- (2) liability limits in excess of the basic limits as set forth in Sec. 21.A.1.a, only when the said basic limits are written through the Plan;

- (23) liability limits adequate to comply with the provisions of the financial responsibility law of any state in which the motor vehicle will be operated but applicable only while the motor vehicle is being operated in that state/province;

- (4) in no event shall the Plan be required to write liability limits in excess of the basic limits as set forth in Sec. 21.A.1.a that exceed \$5,000,000 combined single limit.